MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

/0/59/70 //
APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2						<u> </u>
	-	/				
5 7		-				
8		/				
9		/				
10 11						
12				 		
13						
14						
15 16						
7		,				
8						
19						
20 21						
22			:			
23				·		
24						
25 26						
<u>26</u> 27						
28						
9						
0	<u> </u>			-		
2						
3						
34						
<u>5</u>						
<u>7</u>	_					
8						
9						
10						-
41 42		 				
43						
44						
45 46						
47						
48						
49						
50 OTAL	7					
IND.	2] ♣		♣		♥
OTAL DEP.	8	(+		+
TAL AIMS	10					